



The Suicidal Client: Philosophical Bases for Nursing Intervention

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Nurses have traditionally encouraged people to live, regardless of the meaning or consequences of continued life for the client. Despair profound enough to lead to a suicide attempt is viewed as an illness that must be cured. Nurses, as well as physicians, subscribe to the maxim *primum non nocere* (first, do no harm), although it may not be as clearly articulated in the canons of the nursing profession as it is in those of medicine. Nurses, for the most part, operate under the belief that suicide is always both mentally unhealthy and morally wrong; thus all efforts are made to prevent suicide. The idea that life is good and worthwhile and must be preserved at all costs applies to a wide variety of clients, including those who engage in behaviors that will probably lead to serious illness or death (e.g., overeating, smoking, and suicide).

A suicide attempt almost always results in commitment to a mental hospital for some period of time. "Civil commitment to a psychiatric hospital is a response urged upon physicians in books and major periodicals, and acted upon daily through commitment procedures made possible by mental health legislation."¹ In a private facility the person who attempts suicide is usually observed 24 hours a day by an attendant who never leaves the client's side,

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who accompanies him everywhere, and who even watches over him while he sleeps. A state hospital does not have the personnel for this kind of close observation, and the client is usually isolated in such a way that there are no potential instruments of suicide available to him. Traditional nursing care has been directed toward physically preventing suicide in the hospital and providing counseling so that when the client leaves the hospital he will not make another attempt. Traditional medical and nursing treatment have not prevented the number of suicides in the United States from steadily increasing, although there are assuredly a host of other factors that also contribute to the growing number of suicides.

The purpose of this article is not to suggest new modes of treatment, but to examine the belief that suicide is morally wrong and should be prevented at all costs. The article will not necessarily favor suicide, as one might favor the permissibility of abortion, but it will ask the reader to look critically at the reasons suicide is so often seen as morally objectionable. It is useful to begin with some philosophic arguments.

Thomas Aquinas believed that it is "altogether unlawful to kill oneself" for three specific reasons. First, suicide is a mortal sin because it is contrary to the natural law of wanting to remain "in being."² Second, every person is part of the community, and by killing himself he injures the community. Third, whoever takes his own life sins

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against God, who has the sole power to give and take life.² The Catholic Church adopted Aquinas' doctrine, and to this day it is a mortal sin for Catholics to commit suicide. In fact, all three monotheistic religions hold that suicide is a grave sin and that those persons who kill themselves are morally blameworthy.

In an essay "On Suicide," David Hume refutes Aquinas' view by arguing against the natural law position and even denies the theistic view in general.³ Hume's major premise is that each person has the right to dispose of his own life as he sees fit and that suicide is never morally wrong, although his essay does not imply that it is necessarily a desirable act except in a minority of instances.

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